



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
ADDENDUM TO ORIGINAL APPLICATION

MISSOURI BOARD OF OCCUPATIONAL THERAPY
P.O. BOX 1335
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MISSOURI 65102-1335
TELEPHONE (573) 751-0877
TDD (800) 735-2966

LIMITED PERMIT HOLDER: PLEASE COMPLETE THIS FORM UPON PASSING THE NBCOT EXAM **FOR OFFICE USE ONLY**

INSTRUCTIONS

- Please read this form and instructions before completing. This form must be typed or printed legibly in black ink.
- Complete this form in its entirety. Failure to complete in its entirety may delay review of your application.
- Enclose the application fee in the form of a check or money order made payable to the Missouri Board of Occupational Therapy.
- If you are or have been licensed, certified, registered or been granted a permit as an occupational therapist or occupational therapy assistant or similar title by another state, territory of the United States, or province or country, request that verification of your license, registration, certification or permit be submitted by each state, territory, province or country upon the enclosed verification of licensure form. This form must be received directly from the other state(s), territory, country or province in which a license, certification, registration or permit was held.
- Pursuant to §620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials. A citizen of a foreign country applying for licensure with the division shall be required to submit his/her visa or passport identification number in lieu of the SSN.

LICENSE NUMBER

DATE ISSUED

FEE RECEIVED

DATE DEPOSITED

CHECK NUMBER

INITIALS

Please check the box indicating the type of licensure for which you are applying:

☐ Occupational Therapist \$30.00 fee ☐ Occupational Therapy Assistant \$10.00 fee Date of NBCOT Exam: _____

APPLICANT DATA

NAME FIRST	MIDDLE	LAST	SUFFIX	FORMER/MAIDEN	EMAIL ADDRESS
RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)			CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH			RESIDENCE TELEPHONE NUMBER	
CURRENT PLACE OF EMPLOYMENT				EMPLOYMENT TELEPHONE NUMBER	
EMPLOYMENT ADDRESS			CITY	STATE	ZIP CODE

IMPORTANT: EXPLANATIONS REQUIRED TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY AND NOTARIZED.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been denied a professional license, certification, registration or permit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your license, certification, registration, or permit ever been disciplined or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever voluntarily surrendered a professional license, certification, registration, or permit?	<input type="checkbox"/>	<input type="checkbox"/>
4. If you ever held or applied for a professional license, certification, registration, or permit in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under the threat of investigation of disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
5. Have you ever been charged with or convicted of any felony whether or not sentence was imposed or suspended? If yes, fully explain.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you in the past five (5) years been charged with or convicted of any federal or state drug laws or rules whether or not sentence was imposed or suspended? If yes, fully explain.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you now, or have you in the past five (5) years been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances? If yes, fully explain.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you now being treated or have you in the past five (5) years been treated through a drug or alcohol rehabilitation program? If yes, fully explain.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you in the last five (5) years been convicted, adjudged guilty by a court, pled guilty, or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol? If yes, fully explain.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any pending complaints before any regulatory board or agency?	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

☐ CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as an occupational therapist, occupational therapy assistant, or limited permit holder in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice of occupational therapy subject to the rules and regulations of the Missouri Board of Occupational Therapy. I subscribe and agree to abide by all applicable laws and rules regarding the practice of occupational therapy. I hereby certify that I have familiarized myself with sections 324.050 - 324.089 RSMo, known as the Occupational Therapy Practice Act and applicable rules promulgated by the Missouri Board of Occupational Therapy.

I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY NOTARY PUBLIC EMBOSSEER SEAL OR BLACK INK RUBBER STAMP	SIGNATURE OF APPLICANT ▶	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		